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APPLICANTS

Paul D. Ziegler, Minneapolis, MN;
 Douglas A. Hettrick, Blaine, MN;
 Rahul Mehra, Stillwater, MN;

** CONTINUING DATA *****
mk

** FOREIGN APPLICATIONS *****
mk

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 7	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance <input checked="" type="checkbox"/>			
Verified and Acknowledged Examiner's Signature <i>MR</i> Initials <i>MR</i>				

ADDRESS
 27581
 MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MS-LC340
 MINNEAPOLIS , MN
 55432-5604

TITLE
 Cardiac stimulation device and method for automatic lower pacing rate optimization

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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